MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-000037
STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. — Registrar's No. 19

FILED JAN 30 1962

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | DATE AMENDED | ITEM NO. | SHOULD READ | INSTEAD OF | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clay
Length of stay in 1b: years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Route # 5
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Adair
c. CITY OR TOWN: Kirksville
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route # 5
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First REUEL Middle W. Last ROBERTS

4. DATE OF DEATH: Month January Day 19 Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6/2/93

9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Adair Co., Mo.

12. CITIZEN OF WHAT COUNTRY: U S

13a. FATHER'S NAME: Benjamin Roberts

13b. MOTHER'S MAIDEN NAME: Alice May Harris

14. NAME OF HUSBAND OR WIFE: Delia Scott Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of servic: No

16. SOCIAL SECURITY NO.: 7

17. INFORMANT Address: Delia Roberts, Rt. 5, Kirksville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line f
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Insufficiency	immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Disaeas	1 year
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec-28- 61 to Jan-18-1962 and last saw her/him alive on Jan-18-1962
Death occurred at Jan-19-62 -- 10:05 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R V Stoebler MD

22b. ADDRESS: Kirksville, Mo. Adair

22c. DATE SIGNED: 1-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 21/62

23c. NAME OF CEMETERY OR CREMATORY: Maple Hill

23d. LOCATION (City, town, or county) (State): Kirksville, Adair, Mo.

24. FUNERAL DIRECTOR ADDRESS: Foster Memorial Home, Kirksville, Mo.

25. DATE RECD. BY LOCAL REG.: 1-22-1962

26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

R. O. STICKLER, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby cerfify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Nova E. Foster
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.